



Waterville Parks and Recreation Central Maine Basketball Conference 2017/18 Team Registration Form

TEAM NAME: _____

Boys 5th Grade _____

Boys 6th Grade _____

Girls 5th Grade _____

Girls 6th Grade _____

COACH - CONTACT INFORMATION (Please print clearly)			
FIRST NAME:		LAST NAME:	
COMMUNITY REPRESENTED:			
EMAIL ADDRESS (required):			
CELL PHONE:		HOME PHONE:	
Email is the primary way to receive information for the league. We cannot register your team without a current email address.			

ASSISTANT COACH - CONTACT INFORMATION (Please print clearly)			
FIRST NAME:		LAST NAME:	
COMMUNITY REPRESENTED:			
EMAIL ADDRESS (required):			
CELL PHONE:		HOME PHONE:	
Email is the primary way to receive information for the league. We cannot register your team without a current email address.			

League fee: The league fee will be determined each year by the League Administrator. The league fee for the 2017/18 season will be \$125.00 per team. The league fee is due by December 8th.

Rosters: Rosters will be submitted to the League Administrator prior to the second game (weekend of December 9th). It is strongly encouraged that each roster has a minimum of ten players. Please completely fill out the form provided at the end of the handbook.

Changes to the roster can be made up until the fourth game (weekend of December 23rd). Final rosters must be received no later than December 31st. Players must be represented on one roster only.

Code of Conduct Forms: Everyone must complete a code of conduct form in order to participate in the CMBC. All forms must be signed and returned with the official roster.

By signing this form, you are agreeing to register your team in the Central Maine Basketball Conference for the 2017/2018 season. There will be no refund of your league fee once the season has started. Any refunds prior to the start of the season, removal from the schedule at any point during the season, and playoff eligibility are at the sole discretion of the League Administrator.

Coach/Coordinator Signature: _____ **Date Signed:** _____

FOR OFFICE USE ONLY									
LEAGUE FEE RECEIVED		AMOUNT PAID		DATE PAID		PAYMENT TYPE		STAFF INITIALS	
CODE OF CONDUCT FORMS RECEIVED		DATE RECEIVED		STAFF INITIALS					
ROSTER RECEIVED		DATE RECEIVED		STAFF INITIALS					